



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Diabetes and intelligence? No, genes, intelligence and, then, diabetes

Citation for published version:

Mõttus, R, Luciano, M, Starr, J & Deary, I 2012, 'Diabetes and intelligence? No, genes, intelligence and, then, diabetes', Paper presented at International Society for Intelligence Research, San Antonio, United States, 13/12/12 - 15/12/12.

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



Diabetes and intelligence?

No, genes, intelligence and, then, diabetes

René Möttus*

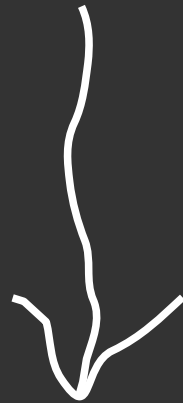
Michelle Luciano, John M. Starr, Ian J. Deary

*Centre for Cognitive Ageing and Cognitive Epidemiology, Department of Psychology,
University of Edinburgh
&
Department of Psychology, University of Tartu, Estonia

A common belief: Diabetes impairs cognition

- Various possible pathways:
 - glycemic instability
 - inflammation etc

diabetes



cognitive ability

And yet we know:

- People who set out with lower abilities tend to:
 - eat worse
 - exercise less
 - have higher body weights
 - are therefore at higher diabetes risk

cognitive ability



disables

Lothian Birth Cohort 1936

- 1017 people (513 men), all around 70 years old
- Cognitive ability measured at ages 11 and 70 years
- Diabetes measured at age 70 years:
 - 85 (8.4%) people with self-reported diabetes
 - HbA1C levels measured for all participants
 - $\text{HbA1C} \geq 6.5\%$ = diabetes diagnosis (N = 116, 11.4%)

Cognitive ability

Cognitive ability
0.2
-0.2
-0.6

Cognitive ability
0.2
-0.2
-0.6

No
diabetes

Some
diabetes

Age 11

Age 70

— Diabetes } age 70
- - - No diabetes }

Cognitive ability

A.

Cognitive ability

B.

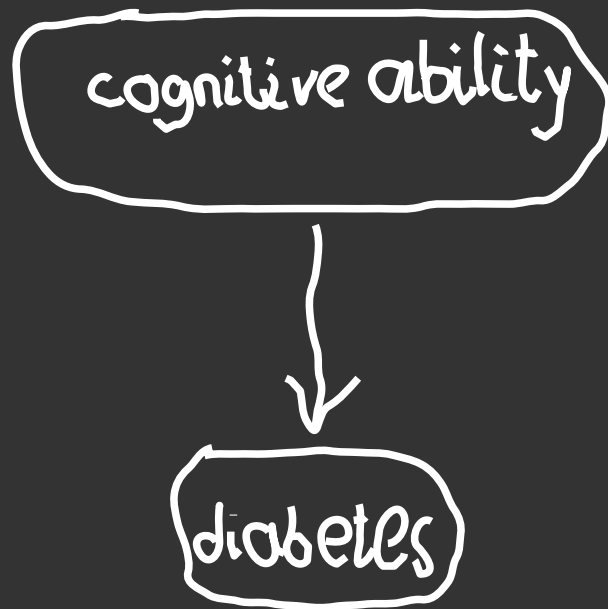
Cognitive ability

C.

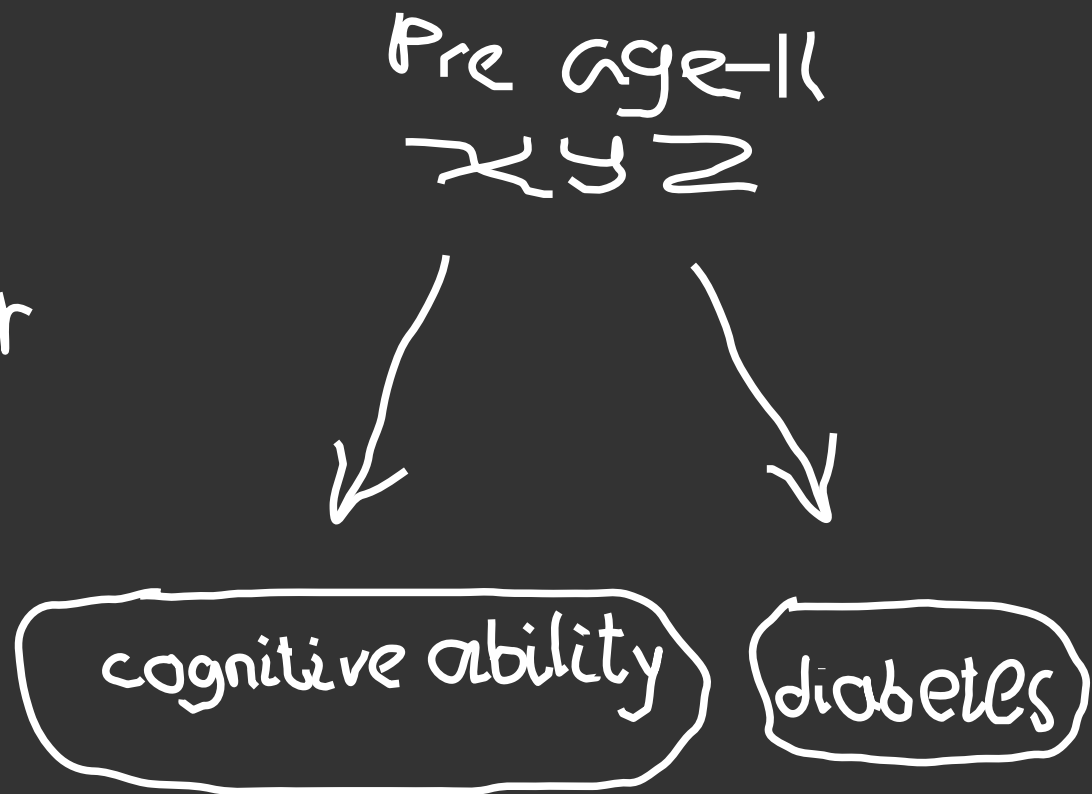
Age 11

Age 70

— Diabetes } age 70
- - - No diabetes }



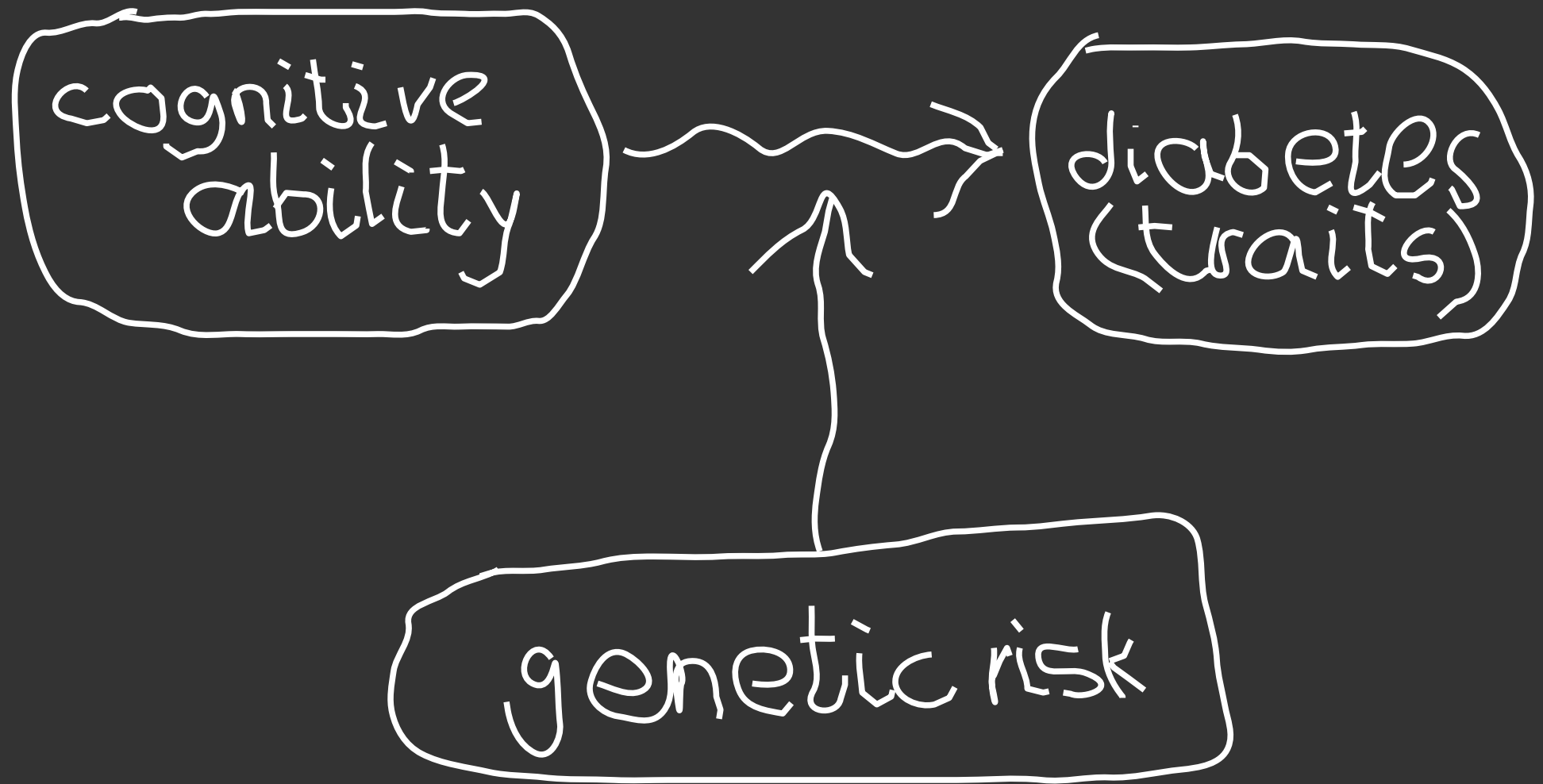
or



But what if bad is not always bad

- Low cognitive ability is bad for metabolism, possibly partly because it makes you do bad things to your body
- Maybe, if you have a 'good' body and you are therefore not constitutionally inclined towards bad metabolism, then however badly low cognition hits your body, your metabolism will resist
 - 'good body' ~ low genetic risk
 - diabetes and its quantitative markers (HbA1C) show reasonable heritability (> 60%)





Can think about it the other way too

- It makes sense to hypothesize that manifestation of diabetes genetic risk may depend on cognitive ability:
 - low cognitive ability entails bad lifestyle choices, which facilitate genetic risk manifestation
 - high cognitive ability entails better lifestyle choices, which may buffer the effect of bad genes

Indeed

- Dietary habits may moderate type 2 diabetes risk manifestation (Qi et al., 2009; Cornelis et al., 2009; Nettleton et al., 2010)
- Physical activity may moderate obesity risk manifestation (Kilpeläinen et al., 2011)
- Both related to cognitive ability



cognitive
ability

~~X~~



diabetes
(traits)

genetic risk

(interaction)

Polygenic type 2 diabetes risk scores in 940 Lothian Birth Cohort 1936 members

- Large type 2 diabetes GWAS consortium (Voight et al., 2010)
 - 8,130 type 2 diabetes cases and 38,987 controls
 - Risk effect for the risk allele of each SNP
 - 8 sets of SNPs: $p < 1.0, 0.5, 0.4, 0.3, 0.2, 0.1, 0.05, 0.01$
- Used this to create 8 risk scores in our participants:
 - The number of risk alleles present * risk effect
 - The scores included ~ 196,000 to 2,600 alleles
- Number of alleles, age and sex co-varied in analyses

Main effects

- Polygenic risk scores had high intercorrelations:
 - $r = 0.39$ to 0.98 (median 0.81)
- Higher polygenic risk predicted diabetes:
 - OR 1.61 to 2.00 ($p < 0.001$) for diabetes diagnosis
 - $r = 0.17$ to 0.20 ($p < 0.001$) for HbA1C
- Higher age-11 predicted diabetes and higher HbA1C

Interactions

- Polygenic risk scores * cognitive ability:
 - $p = 0.07$ to 0.88 (median 0.13) for diabetes diagnosis (only 83 people with diabetes!)
 - $p = 0.02$ to 0.43 (median 0.03) for HbA1C

Cognitive ability had stronger effects among those at higher polygenic risk

- Childhood cognitive ability → HbA1C in below median polygenic risk scores ($N = 470$):
 - -0.09 to -0.11 ($p = 0.02$ to 0.07)
- Childhood cognitive ability → HbA1C in above median polygenic risk scores ($N = 470$):
 - -0.16 to -0.18 ($p \leq 0.001$)

Risk scores had stronger effects among cognitively less able

- Polygenic risk scores → HbA1C in below median cognitive ability ($N = 470$):
 - $r = 0.23$ to 0.25 ($p < 0.001$)
- Polygenic risk scores → HbA1C in above median cognitive ability ($N = 470$):
 - $r = 0.12$ to 0.14 ($p < 0.01$)

Similar interaction trends for diabetes diagnosis

- Childhood cognitive ability → diabetes in below median polygenetic risk scores:
 - median OR = 0.81, range 0.68 to 0.88
- Childhood cognitive ability → diabetes in above median polygenetic risk scores:
 - median OR = 0.68, range 0.66 to 0.761

Similar interaction trends for diabetes diagnosis

- Polygenic risk scores → diabetes in below median cognitive ability:
 - median OR = 2.23, range 1.90 to 2.45
- Polygenic risk scores → diabetes in above median cognitive ability:
 - median OR = 1.46, range 1.25 to 1.71

- Low cognitive ability may facilitate diabetes genetic risk manifestation, whereas high ability may buffer the risk by helping one to find a way around diabetes
- Or, put another way, 'good genes' may buffer against the effect of low cognitive ability and resulting unhealthy behaviours
- Results were not crystal clear!
- But they made sense

conclusions



RESEARCH PARTNERS



DIAbetes **G**enetics
Replication **A**nd **M**eta-analysis



Euroopa Liit
Euroopa Sotsiaalfond



Eesti tuleviku heaks